

FIG. 1

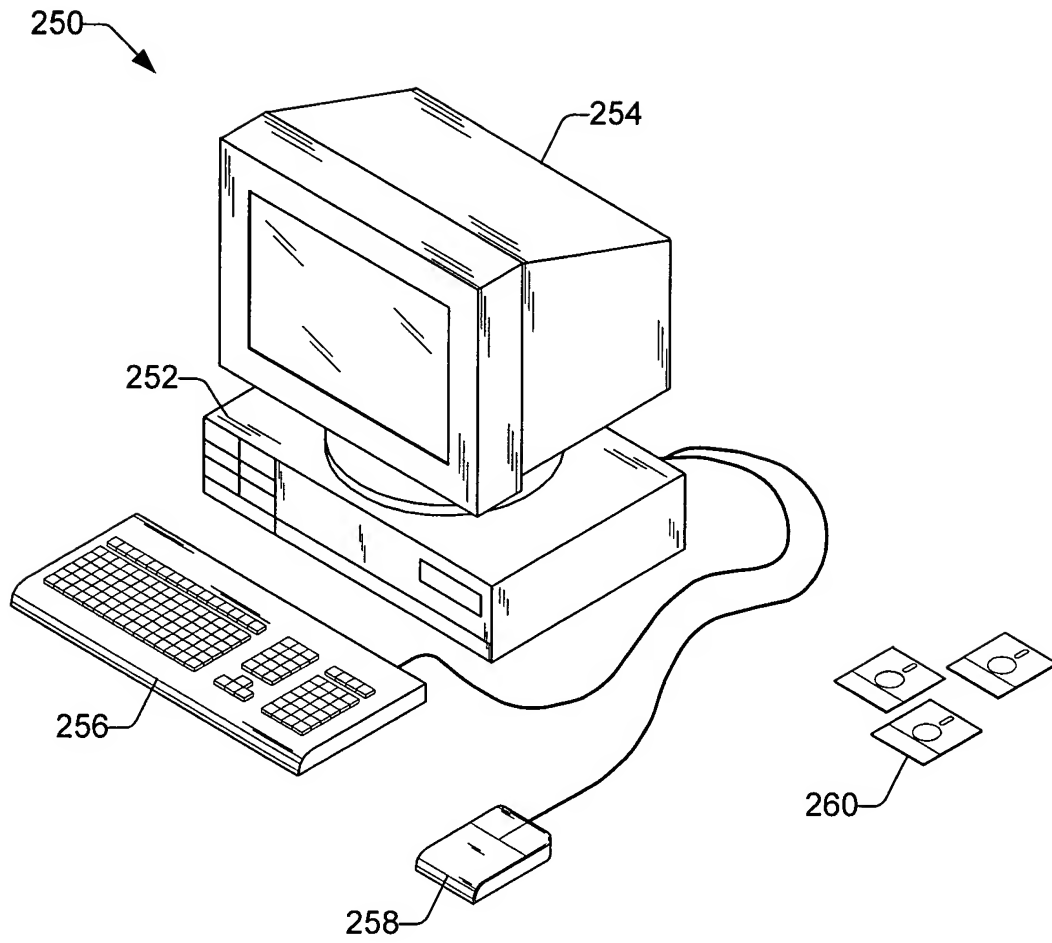


FIG. 2

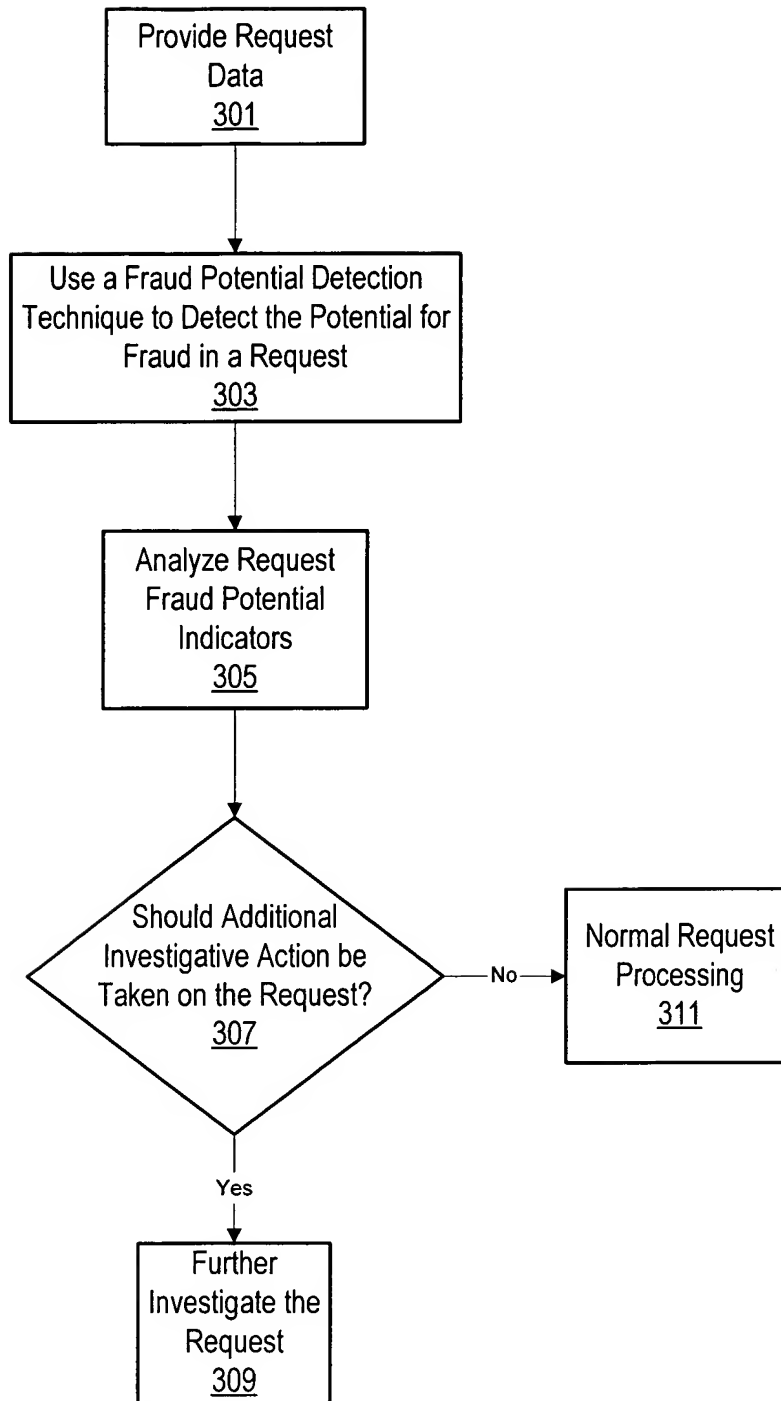


FIG. 3

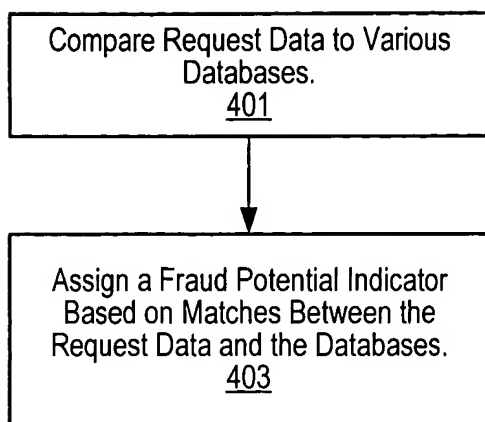


FIG. 4a

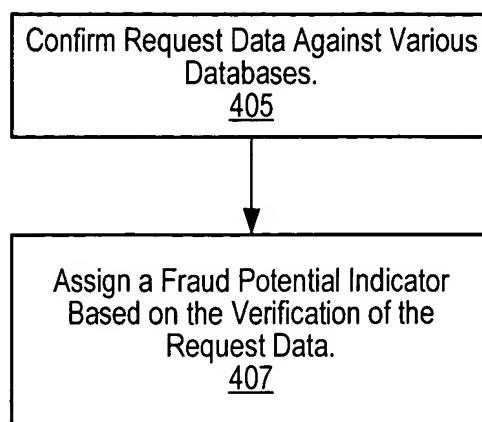


FIG. 4b

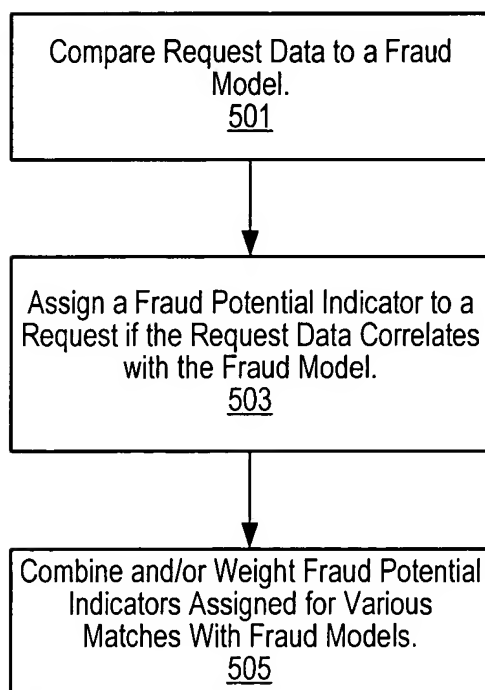


FIG. 5

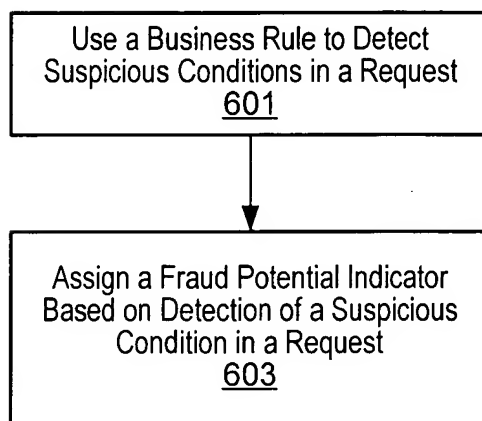


FIG. 6

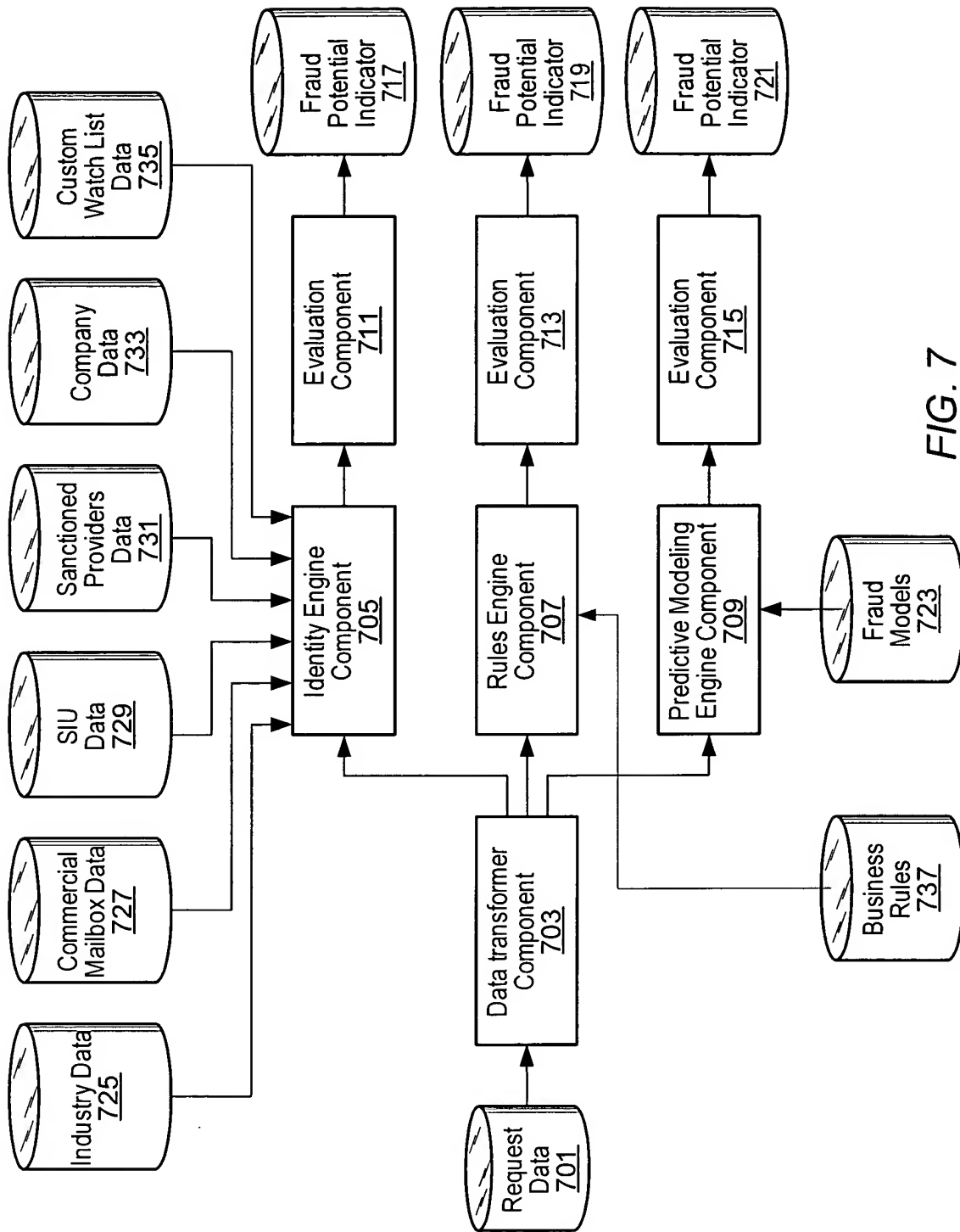


FIG. 7

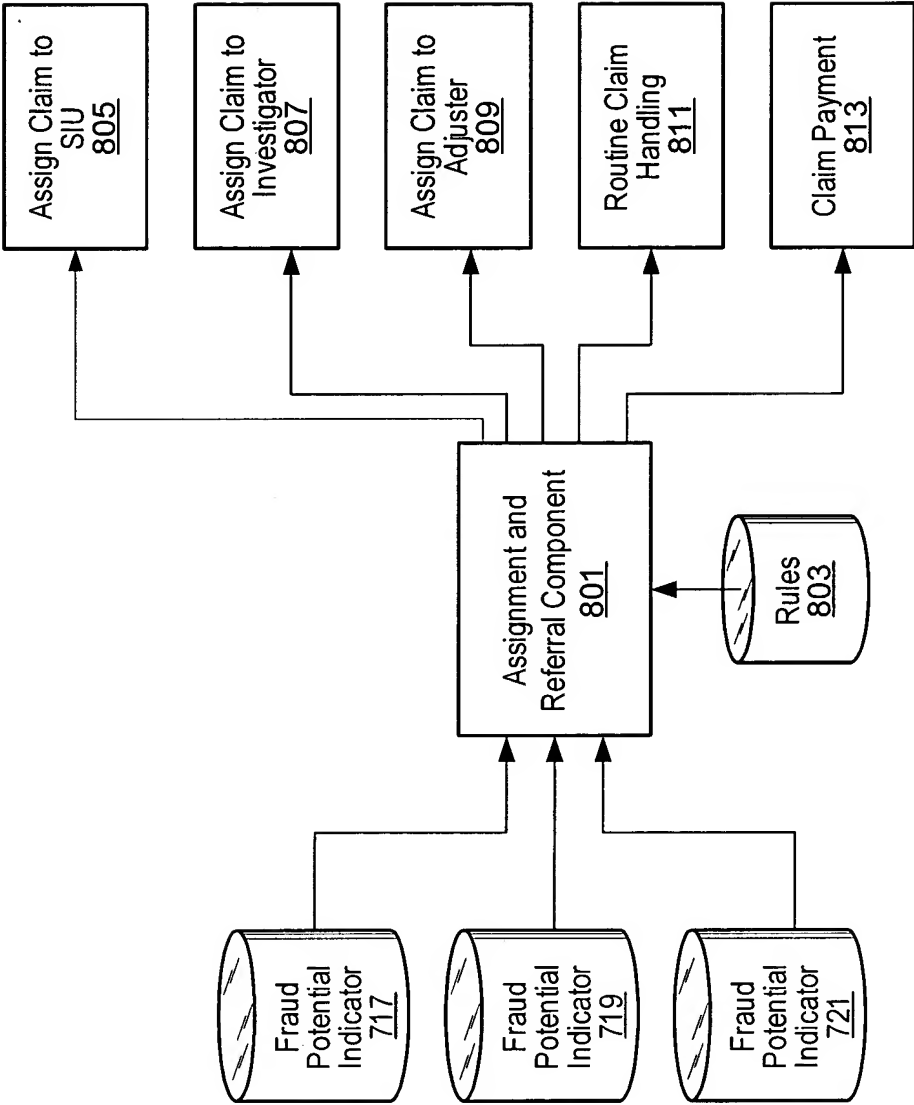


FIG. 8

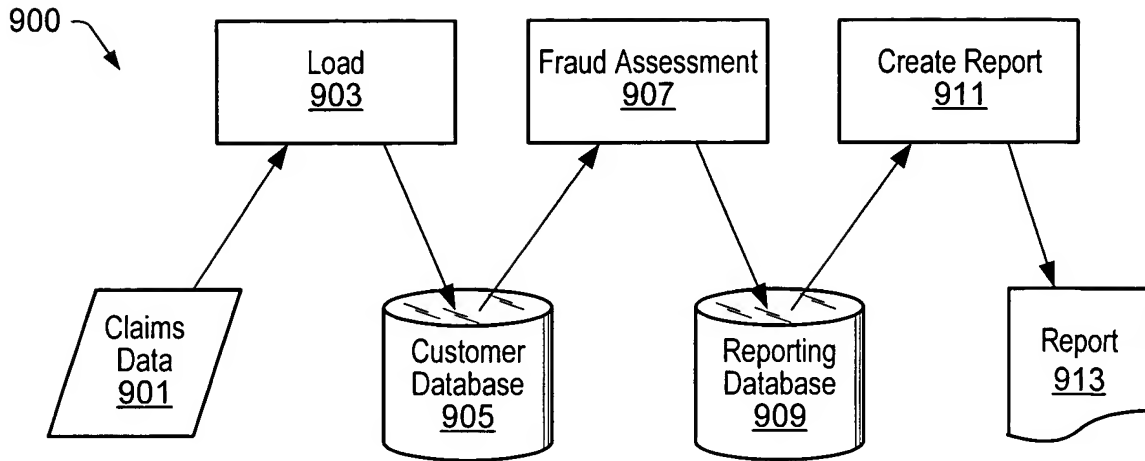


FIG. 9

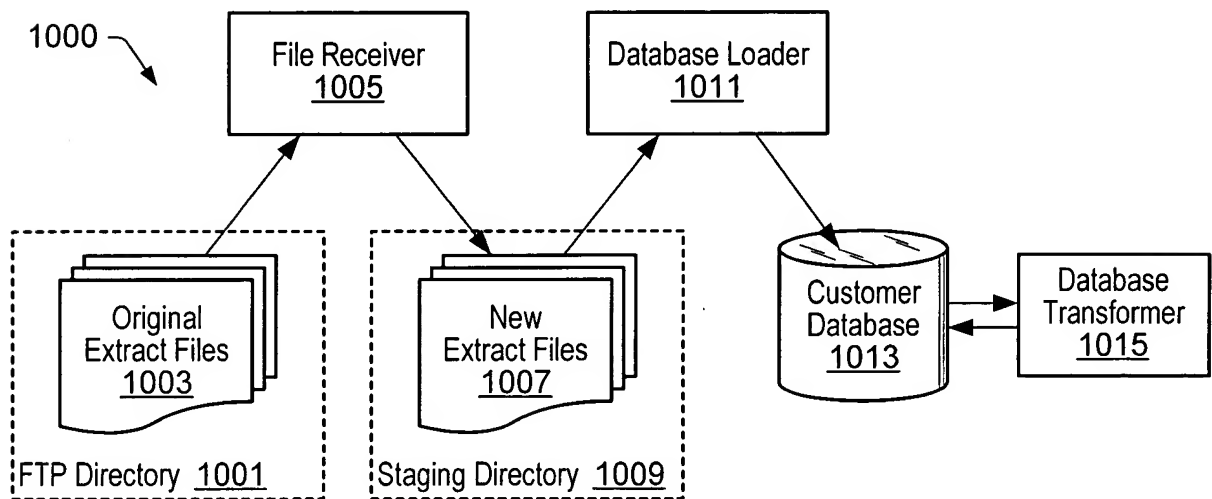


FIG. 10

Claim Summary							
Claim Number	1215498	DOL	12/02/2002	DOR	12/04/2002	Loss Location	Intersection at Oak & 3 rd Streets
Accident Description	Bus made left turn in front of Claimant				Policy Number	S1598488522-1	
- Involved Vehicle							
1999 Volvo Station Wagon							
Object ID	236	Vin Number	W2E125EW581GE358E		Registration	LKE-1589	
- Involved Party		Address		Injury Description			
+ John Smith		123 Main Street, Gopher, LA 55896		Minor Injury			
+ John Smith Jr		123 Main Street, Gopher, LA 55896		Minor Injury			
- Involved Vehicle							
2000 Honda Accord							
Object ID	236	Vin Number	TE485WST6TE86845		Registration	U51-ER85	
- Involved Party		Address		Injury Description			
Henry Higgins		1505 S. Cockney Lane, LA 55896		Minor Injury			
- Related Party							
Role		Address		Role			
Smith & Smith		315 Main Street, Gopher, LA 55896		Attorney			
Western Auto Repair		7461 W. 5 th Street, Gopher, LA 55896		Repair Shop			
Return to Prior Screen							

FIG. 11

1103

1105

1107

1109

1111

1101

Watch List Display						
1211		1213		1215		1217
Date Entered	Region	Author	DBA Name	Business Name	Last Name	First Name
10/23/02	A	Tom Jones	Smith & Smith, Inc.	Smith & Smith		
10/21/01	C	Fred Williams	Twisted Chiropractic	Franklin Chiropractic		
10/22/02	B	Shane Castle			Richardson	Kevin
10/24/02	A	Tom Jones	Joe's Tow Service	Joe's Towing		
10/24/02	B	Shane Castle	Diversified Collision	Diversified Collision		
10/22/02	C	Fred Williams	Southville Family Medical Center	Southville Medical Center		

1205

1203

Update

Add

FIG. 12

1311

Business Information

DBA Name

Twisted Chiropractic

Business Name

Twisted Chiropractic

1313

Street1

Street 2

City

State

GA

Zip

15481

Address

Area

Number

Business Phone

TIN

1315

1309

Personal Information

Name

Last

First

MI

Address

Area

Number

Home Phone

SSN

1307

Role

▼

Source

Comments

1303

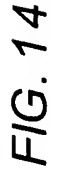
Submit

Cancel

1305

FIG. 13

1301 ↗



1401 ↗

1501 1503 1409 1505 1507 1509 1511 1513 1515 1517

1527

1453

FIG. 15

1519 1521 1523 1525

Manager Notebook

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Regional Manager: Randy Davis

Total Claims Assigned: 26

SEL	Last Name	First Name	FCO	Claim Number	Loss Date	Score Date	PME Score	ISE Score	BRE Score	Days Assigned	Inv Status	Claim Status
<input type="checkbox"/>	Burgess	Robert	Albany Field Claim Office	AL4128883	11/04/1999	01/29/2003	100	0	87.15	0	New	Activ
<input type="checkbox"/>	Burgess	Robert	Albany Field Claim Office	AL2957127	06/09/1996	01/28/2003	100	0	97.475	0	New	Activ
<input type="checkbox"/>	Burgess	Robert	Naperville Field Claim Office	ALA204610	04/14/2000	01/28/2002	100	0	92.6	0	New	Activ
<input type="checkbox"/>	Burgess	Robert	Naperville Field Claim Office	ALA267500	08/19/2000	01/28/2003	100	0	67.8	0	New	Resp
<input type="checkbox"/>	Mendez	Pam	Naperville Field Claim Office	ALA372230	10/23/2000	01/28/2003	100	0	90.175	0	New	Activ
<input type="checkbox"/>	Burgess	Robert	Naperville Field Claim Office	ALA281575	12/19/2001	01/28/2003	100	0	58.4	0	New	Activ
<input type="checkbox"/>	Mendez	Pam	Albany Field Claim Office	ALA405630	12/12/2000	01/28/2003	100	0	27.2	0	New	Subra
<input type="checkbox"/>	Mendez	Pam	Albany Field Claim Office	ALA411730	11/14/2000	01/28/2000	100	0	68.5	0	New	Activ
<input type="checkbox"/>	Mendez	Pam	Naperville Field Claim Office	ALA450330	01/04/2001	01/28/2003	100	0	74.4	0	New	Resp
<input type="checkbox"/>	Mendez	Pam	Naperville Field Claim Office	MDA015720	11/10/2001	01/28/2003	100	0	72	0	New	Activ

Show All Filter... Assign

To re-assign a claim use the mouse to click the column under the heading "Sel" and press the ReAssign button. To narrow the displayed list press the "Filter" button.

1603 1605 1607 1411 1609 1611 1625 1627 1629 1637

1635 1601

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Referred Assigned Rejected

Regional Manager: Randy Davis

Total Claims Rejected: 59

SEL	Last Name	First Name	FCO	Claim Number	Loss Date	Score Date	PME Score	ISE Score	BRE Score	Reason Rejected	Rejected Date	Claim Status
<input type="checkbox"/>	Davis	Randy	Seattle Field Claim Office	SEA221410	09/02/2001	09/10/2003	100	450	38	Valid Score-Satisfactory Review	09/04/2003	Close
<input type="checkbox"/>	Davis	Randy	Seattle Field Claim Office	SEA446650	01/16/2003	01/30/2003	100	0	50	Faulty PME Score	02/04/2003	Activ
<input type="checkbox"/>	Davis	Randy	Dallas Field Claim Office	DAA691970	01/02/2003	02/19/2003	22	0	104	Faulty PME Score	02/04/2003	Close
<input type="checkbox"/>	Davis	Randy	Seattle Field Claim Office	SEA169480	09/30/2001	01/20/2003	28	0	23.6	Valid Score-Satisfactory Review	02/04/2003	Subr
<input type="checkbox"/>	Davis	Randy	St Louis Field Claim Office	SLA066760	04/04/2000	02/13/2003	95	0	20	Faulty PME Score	02/04/2003	Resp
<input type="checkbox"/>	Davis	Randy	St Louis Field Claim Office	SLA249750	08/05/2001	02/16/2003	98	0	56	Valid Score-Satisfactory Review	02/04/2003	Activ
<input type="checkbox"/>	Davis	Randy	Dallas Field Claim Office	4W0016909	01/07/1999	02/10/2003	98	0	59.375	Valid Score-Satisfactory Review	02/04/2003	Close
<input type="checkbox"/>	Davis	Randy	Seattle Field Claim Office	SEA434870	12/14/2002	01/30/2003	98	0	70.6	Faulty PME Score	02/04/2003	Subr

Assign

To assign a claim use the mouse to click the column under the heading. Set and press the "Assign" button

1631 1619 1621 1623

FIG. 16

Investigator Notebook

Predicative Modeling Engine Summary

14 / 20

1709 Identity Search Engine Summary

1711

1713

1715 Claim Number: ALA571230

1707 Involved People

Points	Name	Address	City	State	Zip	Met Claims	SIU	NICB	Comm Mlbx	Watch Li
43	ROWAN, JOHN	217 SOUTH DIVISION ST	PEEKSKILL	NY	10566		1	0	0	
43	DABA, PETER	1074 CROMPON DR	PEEKSKILL	NY	10566		1	0	0	
42	MUNDA, ERIC	197 ROCKLEDGE AVE	BUCHANAN	NY	10511		1	0	0	
43	DABA, STEVE	1874 CROMPON DR	PEEKSKILL	NY	10566		1	0	0	
0	GEBERT, ERIC	UNK					0	0	0	

1721

1705 Involved Organizations

Points	Name	DBA	Address	City	State	Zip	Sanctioned Drs	NICB	Comm Mlbx	Watch List
0	Helix Memorial Hospital		701 N Broadway	N Tarrytown	NY	10591	0	0	0	
0	Hudson Valley Hospo		1900 Crampond Rd	Peekskill	NY	10566	0	0	0	
0	Cin Cortland Community Ormq		1985 Crampond Rd	Peekskill	NY	10566	0	0	0	

1729

1703 Involved Vehicles

Points	Vin Nbs	License Info	Met Claims	SIU	NICB
47	W1NA3530R0514912	BX918W		1	0
47		AV709L		1	0
47		BX5991		1	0
47		2900NE		1	0

1725

1723

1727

1701

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FIG. 17

Identity Search Engine Results				
Claim Number	154985	Points		1817
S-1 Met Historical Database				
Source Name	Shelia Thompson	Address	5815 N. Treeling Dr., Gopher, LA 55895	
Matches				
Claims	Match Name	Match Address		
151984	Shelia Thompson	5815 N. Treeling Dr., Gopher, LA 55895		
545233	Shelly Thompson	5815 N. Treeling Dr., Gopher, LA 55895		
125984	Shawn Thompson	5815 N. Treeling Dr., Gopher, LA 55895		
S-2 NICB Database				
Source Name	Shelia Thompson	Address	Points	1813
Matches				
Record #	Match Name	Match Address		
15941518	Shelly Thompson	5815 N. Treeling Dr., Gopher, LA 55895		
55984898	Shawn Thompson	5815 N. Treeling Dr., Gopher, LA 55895		

FIG. 18

1801 ↗

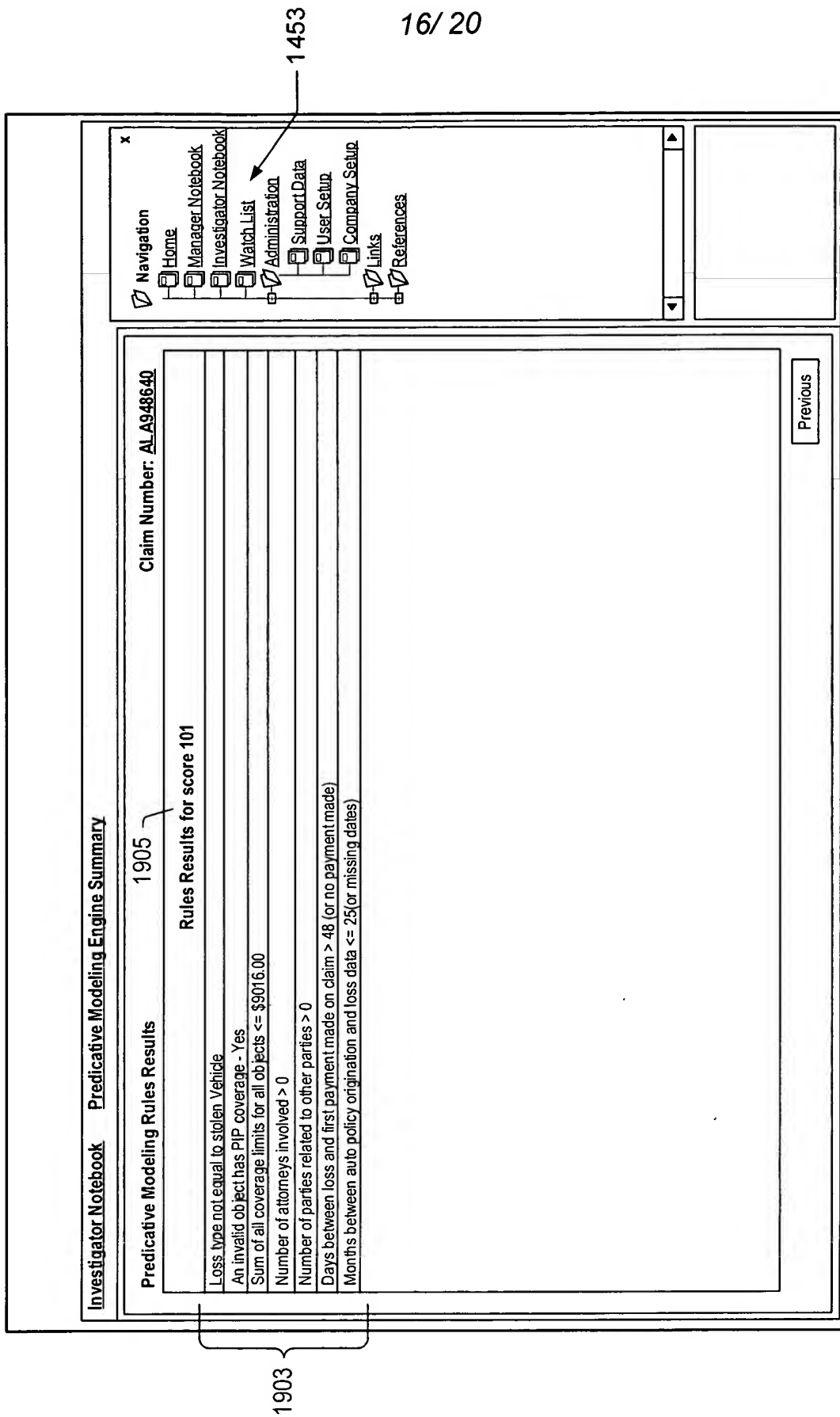


FIG. 19

Investigator Notebook

Business Rules Summary

2007

SIU Business Rules Summary

Claim Number: ALAB878960

Points	Reason for score
22	B-1 Injury Type
28	B-2 Loss type is left turn
0	B-3 Diff Between Date of Loss Vs Date of Report is: 0
0	B-4 is not scored as Nbr of Renewals is 24
0	B-5 Diff Between Date of report Vs policy Exp Date is: 92
0	B-6 Police Report Filed: Y
0	B-7 Reported By Insured
0	B-8 Number of Vehicles is 2
50	Total Score

To view additional information about Injury Type use the mouse to click on "Injury Type" in the table above.

2005

Accident Description

clmt made a left hand turn at an intersection cutting off insd

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FIG. 20

Investigator Notebook > Business Rules Summary > Business Rules Detail

SIU Business Rules Detail

Points	Name	Injury Description
2	RATCLIFF, JENNIFER A	minor injury (superficial/ abrasion/ contusion)
2	DEPAUL, RYAN	minor injury (superficial/ abrasion/ contusion)
2	RATCLIFF, TIMOTHY A	Unknown
22	Total Score	

Claim Number: ALAB878960

Accident Description

clint made a left hand turn at an intersection cutting off insd

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FIG. 21

FIG. 21

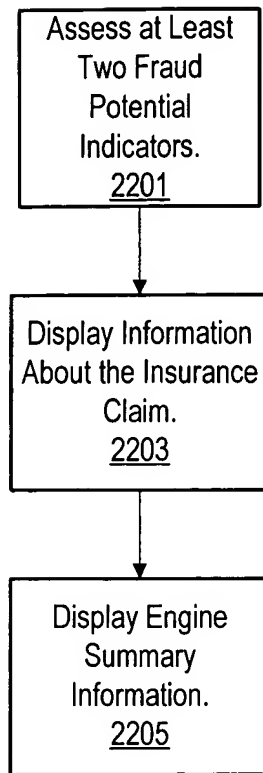


FIG. 22

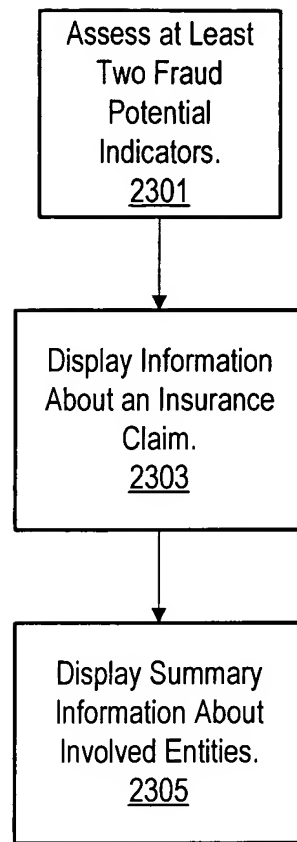


FIG. 23

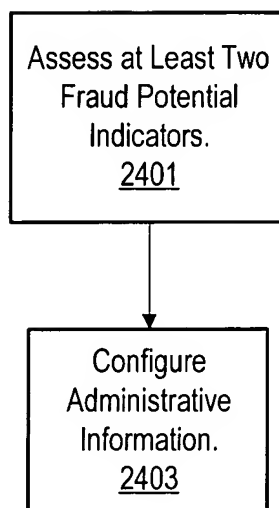


FIG. 24

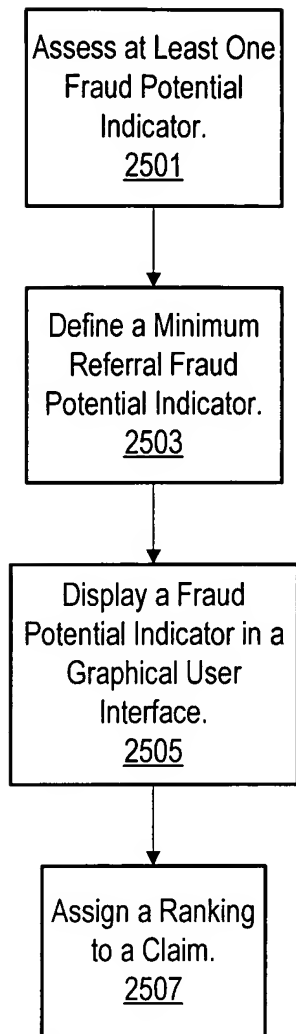


FIG. 25

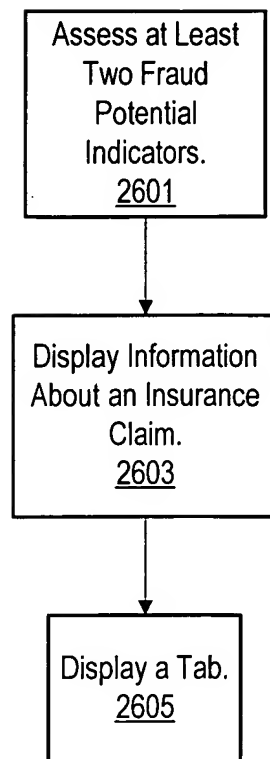


FIG. 26